AUTOMATED - T R A V E L E X P E N S E R E I M B U R S E M E N T V O U C H E R (updated January 2016) I certify expenses listed below were incurred by me on official business of the Commonwealth of Virginia and include Virginia DBHDS - Agency 720 only expenses necessary in the conduct of this busines., NOTE: For Travel on or After January, 2016 STATE EMPLOYEE: YES VEHICLE STATEMENT - STATE EMPLOYEE CHECK ONE IF CLAIMING MILEAGE REIMBURSEMENT Personal Vehicle - Cost Beneficial to State Personal Vehicle - State Vehicle Not Available State Vehicle Available - Fleet Mileage Rate (If checked Mileage Rate - 24.6 cents) Personal Vehicle - Over 15,000 Miles Signature of Traveler: (If checked Mileage Rate = 13 cents) Date 54.0 ENTER MILEAGE RATE IN CENTS PER MILE: Traveler's Title: ONLY ONE OFFICAL BASEPOINT: I certify the travel covered by this reimbursement voucher has been reviewed and NAME: is approved as necessary for the conduct of business for the Commonwealth. ADDRESS: CITY: Signature of Traveler's Supervisor: ZIP: STATE: Date OFFICE PHONE: Supervisors Keyed or Printed Name: EMPLOYEE ID #: 2. Location that traveller departed from and travelled to 5. Air/Train. 6. MEALS & 8. OTHER DATE Itemize in Inci LODGING MILES MIL FAGE TOTAL Incidental Exp Itemize in DOLLAR AMOUNT Each day's expenses must be shown separately AMOUNT Column 2 **AMOUNT** Adjustments-Enter a + or - amount to Adjust for Meals Received at a I certify computations are correct and (Acctg Use) TOTALS required receipts are attached: VOUCHER NUMBER (Acctg Use) DATE (mm/dd/yy) (Acctg Use) Purpose of Trip-(Required) Field Work Presentation **GRAND TOTAL** Education Other,Explain ** Print on Green Paper RATE A: \$51.00 Rate B: \$54.00 Rate C: \$59.00 Rate D: \$64.00 Rate E: \$69.00 Rate F: \$74.00

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	The section below is for Fiscal Office Use Only.													
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